

THE COMMONWEALTH OF MASSACHUSETTS

NAME OF CITY OR TOWN _____

ASSESSORS USE ONLY

37

22

DATE RECEIVED _____

APPLICATION NO. _____

PARCEL ID. _____

BLIND - VETERAN

FY ____ APPLICATION FOR STATUTORY EXEMPTION

General Laws Chapter 59, Section 5

THIS APPLICATION IS NOT OPEN
TO PUBLIC INSPECTION

(See General Laws Chapter 59, Section 60.)

Must be filed with Board of Assessors on or
before December 15 or 3 months
after actual (*not* preliminary) tax bills
are mailed for fiscal year if later.

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INSTRUCTIONS: Complete all sections fully. (Please print or type.)**A. IDENTIFICATION.**

Name of Applicant _____ Marital Status _____

Social Security No. _____ (optional) Tel. No. _____

Legal Residence (Domicile) on July 1, _____

Mailing Address (If different) _____

Location of Property _____ No. of Dwelling Units _____

Did you own the property on July 1, ____? ☐ Yes ☐ No

If yes, were you

☐ Sole Owner ☐ Co-Owner with Spouse Only ☐ Co-Owner with Others?Was the property subject to a trust as of July 1, ____? ☐ Yes ☐ No

(If yes, attach trust instrument including all schedules.)

Have you been granted any exemption in any other city or town for this year? ☐ Yes ☐ No

If yes, name of city or town _____ Amount exempted \$ _____

DISPOSITION OF APPLICATION (ASSESSORS' USE ONLY)☐ Ownership☐ GRANTED

Assessed Tax _____

☐ Occupancy☐ DENIED

Exempted Tax _____

☐ Status☐ DEEMED DENIED

Adjusted Tax _____

BOARD OF ASSESSORS

Date Voted/Deemed Denied _____

Certificate No. _____

Date Cert./Notice Sent _____

Exemption: Clause _____ Date _____

FILING THIS FORM DOES NOT STAY THE COLLECTION OF YOUR TAXES.

THIS FORM APPROVED BY THE COMMISSIONER OF REVENUE.

B. EXEMPTION STATUS. Check the status that applies to you and complete the questions that follow.

☐ **BLIND PERSON**

Were you legally blind as of July 1, ____? ☐ Yes ☐ No

Are you registered with Mass. Commission for the Blind? ☐ Yes ☐ No

If yes, give Certificate Number _____ Date Registered _____
(Attach copy of certificate.)

If no, attach a letter from your doctor indicating status as of July first.

GO ON TO SECTION C.

☐ **VETERAN**

☐ **VETERAN'S SPOUSE** Veteran's Name _____

☐ **VETERAN'S SURVIVING SPOUSE/PARENT** Deceased Veteran's Name _____
(If first year of application, attach copy of death certificate.)

Date Enlisted/Inducted _____ Date Discharged _____

Type of Discharge _____ (If first year of application, attach copy of discharge papers.)

Military Decorations or Awards _____

Did the veteran live in Massachusetts at least 6 months prior to entering the service? ☐ Yes ☐ No
If no, list the places and dates where the veteran was domiciled during the last 6 years.

Address

Dates

Was the veteran killed during military service? ☐ Yes ☐ No

If yes, date of death _____

If yes, and you are surviving spouse, have you remarried? ☐ Yes ☐ No

Does the veteran have a war-service connected disability? ☐ Yes ☐ No

If yes, and first year of application, attach Veterans Administration Certificate of Disability.

If yes and exemption granted previously, attach certificate only if disability rating is 100% or has changed.

Has the veteran acquired "specially adapted housing?" ☐ Yes ☐ No

Is the veteran capable of working? ☐ Yes ☐ No

Is the veteran a paraplegic? ☐ Yes ☐ No

C. SIGNATURE. Sign here to complete the application.

This application has been prepared or examined by me. Under the pains and penalties of perjury, I declare that to the best of my knowledge and belief, it and all accompanying documents and statements are true, correct and complete.

Your signature

Date

If signed by agent, attach copy of written authorization to sign on behalf of taxpayer.